FY 2001 BUDGET AND PERFORMANCE REQUIREMENTS

JUNE 12, 2000

ATTACHMENTS - ALL CONTRACTORS

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Attachment 1

FY 2001 Budget Performance Requirements

Telephone Inquiries

All Trunks Busy B External Toll Free LinesAll Trunks Busy B External Toll Free LinesAll Trunks Busy B External Toll Free Lines

An All Trunks Busy situation occurs when every trunk into the call center, that beneficiaries access, is unable to accept incoming calls because they are either occupied by other callers or are non-operational for other reasons. This results in incoming callers receiving a busy signal when trying to connect to the call center, until one or more trunks are made available due to a caller disconnecting or non-operational trunks becoming operational.

The All Trunks Busy - External measure is the percentage of callers that receive a busy signal while trying to reach the call center because of an All Trunks Busy situation, in relation to the total number of callers that attempted a call to the call center.

Any situation that disturbs the usual operation of the call center and results in extreme variances in the call center=s performance level will be considered as an exceptional event and reviewed on a case-by-case basis.

RequirementRequirementRequirement

This requirement is based only on Toll Free lines for beneficiaries. This measure is for monitoring purposes only.

CalculationCalculationCalculation

$$\frac{\text{Number of Busy Calls}}{\text{Number of Calls}}$$

Data sourceData sourceData source

The Inter-Exchange Carrier (long-distance provider) should generate a monthly report detailing the total number of calls that received a busy signal and the total number of monthly calls offered to the call center.

Data pointsData pointsData points

- Number of Busy Calls (Callers unable to access call center)
- Number of Calls (Total number of calls offered to call center)

All Trunks Busy - InternalAll Trunks Busy - InternalAll Trunks Busy - Internal

An All Trunks Busy (ATB) situation occurs when every trunk into the call center, that beneficiaries access, is unable to accept incoming calls because they are either occupied by other callers or are non-operational for any other reason. This results in incoming callers receiving a busy signal when trying to connect to the call center, until one or more trunks are made available due to a caller disconnecting or non-operational trunks becoming operational.

The All Trunks Busy Internal is the percentage of time callers received a busy signal due to an ATB situation, in relation to the total amount of time that the call center is in operation.

Any situation that disturbs the usual operation of the call center and results in extreme variances in the call center=s performance level will be considered an exceptional event and reviewed on a case-by-case basis.

RequirementRequirementRequirement

Contractor shall achieve a monthly All Trunks Busy Internal Rate of no more than 10%. Any exceptions to this performance level should be annotated in the monthly report.

CalculationCalculationCalculation

$$\frac{\text{Minutes Call Center is not Available}}{\text{Minutes Call Center is Operational}}$$

Data sourceData sourceData source

ATB Internal can be measured by the call center=s telephone system, which generates a monthly report detailing the total number of minutes in which all trunks were busy and the total monthly minutes in which the call center was operational.

Data pointsData points3Data points

- Minutes Call Center is Not Available (Total Minutes callers were unable to access call center)
- Minutes Call Center is Operational (Total minutes in which the call center was staffed and operational)

Service Level Indicator B 120 Seconds

Service Level Indicator B 120 SecondsService Level Indicator B 120 Seconds

In most call centers, when a beneficiary dials the call center number(s), they are first connected to the Automated Call Distributor (ACD) system. The ACD then performs one of the following operations:

- If an Interactive Voice Response Unit (IVR) system exists, the ACD gives the beneficiary the option of receiving automated information from the IVR or being placed directly into the ACD queue to wait for a Customer Service Representative (CSR). Those customers that choose the IVR option can still decide to exit from the IVR system and be returned to the ACD queue to wait for a CSR.
- If an IVR system does not exist, the ACD delivers them directly into a queue within the ACD system where they will wait for the next available CSR.

If a call center connects callers to an IVR system when they first dial in, calls will be considered in queue only after they are delivered to the ACD.

This service level indicator is the percentage of beneficiary calls that are answered by a live representative within 120 seconds of their delivery to the ACD queue. This delivery takes place, as described above, either upon their initial dial-in to the system or their selection of the IVR option to be connected to a CSR. This measure does not include beneficiaries who are placed into the queue but abandon their calls before 120 seconds.

RequirementRequirementRequirement

For callers choosing to talk with a CSR, 97.5% or more telephone calls shall be answered within 120 seconds, excluding any abandoned calls under 120.

CalculationCalculationCalculation

Calls Answered <= 120 Seconds Total monthly calls answered by a CSR within 120 secondsTotal monthly calls answered by a CSR within 120 seconds

(Calls in ACD Queue(s)) B (Calls Abandoned <= 120 Seconds)

Data sourceData sourceData source

The call center=s telephone system reports should provide the total number of calls that were answered within 120 seconds, the total volume of calls that are placed into the ACD queue, and the total calls abandoned before 120 seconds in the queue.

Data pointsData points3Data points

- Calls Answered <= 120 Seconds (Calls answered by CSRs within 120 seconds)
- Calls in ACD Queue (Total monthly number of calls delivered to the ACD Queue)
- Calls Abandoned <= 120 Seconds (Calls abandoned before or at 120 seconds in ACD queue)

Service Level Indicator B 60 Seconds

Service Level Indicator B 60 SecondsService Level Indicator B 60 Seconds

In most call centers, when a beneficiary dials the call center number(s), they are first connected to the ACD system. The ACD then performs one of the following operations:

- If an IVR system exists, the ACD gives the beneficiary the option of receiving automated information from the IVR or being placed directly into the queue to wait for a customer service representative (CSR). Those customers that choose the IVR option can still decide to exit from the IVR system and be returned to the CSR queue within the ACD system.

- If an IVR system does not exist, the ACD delivers them directly into a queue within the ACD system where they will wait for the next available CSR.

If a call center connects callers to an IVR system when they first dial in, calls will be considered in queue only after they are delivered to the ACD. Any IVR=s that are configured to hold callers until the queue times are acceptable will be handled, if the need arises, on a case-by-case basis.

This service level indicator is the percentage of beneficiary calls that are answered by a live representative within 60 seconds of their delivery to the ACD queue. This delivery takes place, as described above, either upon their initial dial in to the system or their selection of the IVR option to be connected to a live representative. This measure does not include beneficiaries who are placed into the queue but abandon their calls before 60 seconds.

RequirementRequirementRequirement

For callers choosing to talk with a CSR, no less than 85% of telephone calls should be answered within the first 60 seconds.

CalculationCalculationCalculation

$$\frac{\text{Answered <= 60 Seconds Total monthly calls answered by a CSR within 60 seconds}}{\text{Total monthly calls answered by a CSR within 60 seconds}}$$

(Calls in ACD Queue(s)) B (Abandoned <= 60 Seconds)

Data sourceData sourceData source

The call center=s telephone system reports should provide the total number of calls that were answered within 60 seconds, the total volume of calls that are placed into the ACD queue, and the total calls abandoned before 60 seconds while in the queue.

Data pointsData points3Data points

- Answered <= 60 Seconds (Calls answered by CSR within 60 seconds)
- Calls in ACD Queue (Total monthly calls delivered to ACD queue)
- Abandoned <= 60 Seconds (Calls abandoned before or at 60 seconds in ACD queue)

Average Speed of Answer (ASA) - *formerly referred to as Call Acknowledgement*

Average Speed of Answer (ASA) is the average time, in seconds, that all calls waited before being connected to a CSR. This includes ringing, delay recorder(s), and music. This time begins when the beneficiary call enters the CSR queue and includes both calls delayed and those answered immediately in the calculation. In those call centers where beneficiary and provider calls are delivered to the same queue and cannot be separated, report the combined ASA.

RequirementRequirementRequirement

Report monthly Average Speed of Answer in seconds. This is for measurement purposes only.

Data sourceData sourceData source

The call center=s telephone system can provide the average speed of answer that calls waited before being answered by a CSR.

Data pointsData points3Data points

- Average Speed of Answer (ASA)

RequirementRequirement

Call Abandonment Rate B For CSR QueueCall Abandonment Rate B For CSR QueueCall Abandonment Rate B For CSR Queue

Call Abandonment Rate is the percentage of beneficiary callers that abandoned prior to connecting with a CSR divided by the total number of calls delivered into the ACD queue. Abandoned calls will be tracked as two separate measures: calls abandoned up to and including 120 seconds and calls abandoned beyond 120 seconds.

RequirementRequirementRequirement

Report the number of abandoned calls from the ACD queue. This should be reported as two separate measures: 1) Calls abandoned up to and including 120 seconds, and 2) Calls abandoned after 120 seconds. These data elements are for monitoring and tracking purposes. A future benchmark may be established.

CalculationCalculationCalculation

Up to 120 seconds

$$\frac{\text{Calls Abandoned <= 120 Seconds Total monthly calls abandoned from the ACD queue before or at 120 secondsTotal monthly calls abandoned from the ACD queue before or at 120 seconds}}{\text{Calls in ACD queue}}$$

Beyond 120 seconds

$$\frac{\text{Calls Abandoned > 120 Seconds Total monthly calls abandoned from the ACD queue beyond 120 secondsTotal monthly calls abandoned from the ACD queue beyond 120 seconds}}{\text{Calls in ACD queue}}$$

Data SourceData SourceData Source

The call center=s telephone system reports should provide the total number of calls that were terminated before 120 seconds, as well as the total volume of calls placed in the ACD queue and those not answered within 120 seconds.

Data PointsData PointsData Points

- Calls Abandoned <= 120 Seconds (Calls abandoned from ACD queue before or at 120 seconds)
- Calls Abandoned > 120 Seconds (Calls abandoned from ACD queue after 120 seconds)
- Calls in ACD queue (Total monthly calls delivered to the ACD queue)

CSR ProductivityCSR ProductivityCSR Productivity

One of the goals of any call center is to effectively handle the greatest volume of calls with the most efficient use of dedicated resources. CSR Productivity is a measure of the number of full-time equivalents (FTEs) required to provide the necessary service to the volume of beneficiaries who contact the call center. This does not include calls delivered to an IVR system.

The FTE measure is based on 6.5 hours per day spent answering or ready to answer calls. It does not include supervisors, support staff, etc., unless they periodically answer calls, at which point the amount of time they are logged into the system will be included in the total FTE amount.

RequirementRequirement3Requirement

Track CSR call handling productivity, calculated by the total calls handled divided by the total CSR FTEs in the center setting a minimum performance objective of 1100 calls per CSR FTE per month for Non-Medicare Customer Service Center (MCSC) call centers and 1000 calls per FTE per month for MCSC call centers.

CalculationCalculationCalculation

$$\frac{\text{Calls Answered by CSRs}}{\text{CSR FTEs}}$$

Data source

The call center=s ACD system reports should provide the total volume of calls that are handled by the ACD. FTEs are calculated by multiplying 390 minutes (a 6 1/2-hour workday) by the number of workdays in the month. Using this figure, divide it into the total sign-in time utilized answering beneficiary calls.

Data points

- Calls Answered by CSRs (Total monthly calls answered by all CSRs)
- CSR FTEs

Initial Call Resolution

Some beneficiary calls require additional research, interaction with specialists, etc. in order to resolve the beneficiary□s issues or questions regarding Medicare. Initial Call Resolution measures the percentage of occurrences that a beneficiary□s inquiry is resolved during their initial contact with a Medicare representative. A beneficiary inquiry resolved during the initial call, is defined as a call that does not require a return call(s) by the beneficiary or CSR.

Requirement

Beneficiaries should obtain closure on open issues or questions during their initial call no less than 80% of the time. A call is considered to be resolved initially when a call ends with a complete and accurate answer being provided the caller or the call is transferred/referred to another representative or information source to be resolved.

Calculation

$$\frac{\text{Calls Answered by CSRs - Number Callbacks Required}}{\text{Calls Answered by CSRs}}$$

Data sourceData sourceData source

The call center=s contact management system, which tracks the status of each beneficiary call, should have features that enable the representative to note whether the caller=s main issue was resolved or required a callback. Manual tabulation is sufficient for reporting purposes. The telephone system should provide the total number of callers per month.

Data pointsData points3Data points

- Number Callbacks Required (Calls requiring callbacks to resolve beneficiary issue)
- Calls Answered by CSRs

Callback CompletionCallback CompletionCallback Completion

Beneficiary calls that are not resolved by the representative during the first call due to a need for further information, contact with another representative, etc., may necessitate a callback to the beneficiary from the representative or someone else in the call center in order to resolve the beneficiary inquiry. Callbacks in response to voicemail messages do not fall within this definition.

Callback Completion measures the percentage of callbacks to beneficiaries that were made within the required amount of time. This measure ensures that beneficiaries= inquiries are resolved in an efficient and timely manner even when they cannot be resolved during their initial call.

Contact Management systems should have the capability of tracking callbacks. After the initial call is received and a callback is deemed necessary, special conditions will be taken into consideration depending on the beneficiary=s request (i.e. A beneficiary requests a callback Anext week≅).

RequirementRequirementRequirement

Report the status of those calls not resolved at first contact. These data elements are for monitoring and tracking purposes. A future benchmark may be established. Those calls should be reported as follows:

- Callbacks required (This number is based on calls received for the calendar month and represents the number requiring a callback as of the last workday of the month)
- Callbacks closed within 2 workdays (This number is based on calls received for the calendar month and represents the number closed as of the last workday of the month)
- Callbacks closed within 5 workdays (This number is based on calls received for the calendar month and represents the number closed as of the last workday of the month)
- Callbacks pending over 20 workdays (The number represents all callbacks currently pending on the last workday of month)

Calculation

Callbacks Closed in 2 Days

$$\frac{\text{Number Callbacks in 2 workdays Total monthly callbacks made within two working daysTotal monthly callbacks made within two working days}}{\text{Number Callbacks required}}$$

Callbacks Closed in 2 Days

$$\frac{\text{Number Callbacks in 5 workdays Total monthly callbacks made within two working daysTotal monthly callbacks made within two working days}}{\text{Number Callbacks required}}$$

Callbacks Pending Over 20 Days

Number of Callbacks Pending Over 20 workdays

Data sourceData sourceData source

The call center=s contact management system, which tracks the status of each beneficiary call, should have the ability to generate reports that show how many callbacks were required, how many were made within two and five working days and those pending over 20 working days. Some call centers are performing this manually, and should be sufficient for reporting purposes.

Data pointsData pointsData points

- Callbacks required
- Callbacks closed within 2 workdays
- Callbacks closed within 5 workdays
- Callbacks pending over 20 workdays

Average Talk TimeAverage Talk TimeAverage Talk Time

Average Talk Time is a measure of the average length of each call once a beneficiary reaches a representative. Included in talk time would be any time that the caller was placed on hold during the call. The associated wrap-up time for beneficiary calls should be recorded as a separate measure.

The length of time necessary to address a beneficiary=s question or issue can provide insight into the complexity of questions being asked, the level of training of the representative, and the resources available to call center representatives to effectively address issues. It is best used as a relative rather than an absolute measure, tracking changes over time or comparing different areas of the call center.

RequirementRequirementRequirement

Report monthly Average Talk Time, targeting call duration between 3 and 7 minutes (180-420 seconds). This is for measurement purposes only.

CalculationCalculationCalculation

$$\frac{\text{Seconds CSRs Connected}}{\text{Calls Answered by CSRs}}$$

Data sourceData sourceData source

The call center=s telephone system can provide both the total seconds that representatives are connected to callers and the total monthly calls delivered to the representatives.

Data pointsData points3Data points

- Seconds CSRs Connected (Total seconds CSRs are connected to callers per month)
- Calls Answered by CSRs

After Call Work Time (ACW)After Call Work Time (ACW)After Call Work Time (ACW)

After Call Work measures the average time it takes CSRs to perform the necessary actions and documentation after a call is completed. These actions include mailing a form, contacting another CSR or supervisor with specific expertise, and documenting the reason for the call and its resolution.

After Call Work is a good indicator of the level of efficiency of the call center=s processes and information management. For example, a high average ACW may indicate that CSRs are spending their time doing tasks that could be centralized, such as form mailing. It may also indicate that the interface through which they document information is too slow or complicated, or that information is not readily available.

CalculationCalculationCalculation

$$\frac{\text{After Call Work Time}}{\text{Calls Answered by CSRs}}$$

Data source

The call center=s telephone system can provide both the total seconds that representatives spent on After Call Work and the total monthly calls delivered to the representatives.

Data points

- After Call Work Time (Total seconds spent by CSRs performing After Call Work)
- Calls Answered by CSRs

Occupancy Rate (OCC)

Occupancy is the percent of time CSRs were plugged-in, logged-in and handling calls, making outgoing calls, or in the after call work state. This is the percent of time that a CSR spends in active call handling (i.e., on incoming calls, after call work (wrap-up), outbound calls).

If this field reflects 100%, it means that that the CSRs were busy the entire time that they were plugged-in and never spent any time in the available state. This would be due to a constant flow of calls into the queue.

Occupancy is a good indicator of the extent to which call handling resources are utilized to handle beneficiary telephone inquiries. When CSRs are engaged in non-telephone work, the occupancy rate declines.

Data source

The call center=s telephone system can provide the occupancy rate for the CSR queue.

Data points

- Occupancy Rate (the percent of time CSRs were plugged in, logged in, and handling calls, making outgoing calls, or in the after call work state).

BeTotal seconds spent by CSRs performing After Call WorkTotal monthly calls delivered to CSRsData sourceThe call center=s ACD system can provide both the total seconds that representatives spend on After Call Work and the total monthly calls delivered to the representatives.Data pointsSeconds CSRs spend on After Call WorkCalls delivered to CSRsTotal seconds spent by CSRs performing After Call WorkTotal monthly calls delivered to CSRsData sourceThe call center=s ACD system can provide both the total seconds that representatives spend on After Call Work and the total monthly calls delivered to the representatives.Data pointsSeconds CSRs spend on After Call WorkCalls delivered to CSRsneficiary Satisfaction RatingBeneficiary Satisfaction RatingBeneficiary Satisfaction Rating

Beneficiary satisfaction will be measured through surveying a random sample of each call center=s callers. The survey will assess the beneficiary=s satisfaction with their time spent waiting for a representative, the representative=s courtesy and professionalism, and other important issues.

RequirementRequirementRequirement

Survey a random sample of customers using the HCFA approved, national Beneficiary Satisfaction Survey that was developed for FY 2000 implementation. Sampling methodology should reflect sound survey practice, such as ongoing sampling throughout the quarter. HCFA expects the survey will be conducted by telephone.

The required number of completed surveys for Carriers is 400 or 10% of incoming beneficiary calls (whichever is smaller) per contract per quarter. The required number of completed surveys for Intermediaries is 400 or 7% of incoming beneficiary calls (whichever is smaller) per contract per quarter. If a contract covers multiple call centers, the sampling interval should reflect the combined call volume and each center should report their portion monthly via CSAMS.

HCFA requires that the response rate be reported in CSAMS monthly. Response Rate is equal to the number of completed surveys divided by the number of eligible calls sampled.

Contractors should target an approval rating of at least 95%. Approval corresponds to responses indicating that CSR's courtesy/politeness is rated "4" to "5" (where "5" is excellent).

Calculation

Approval Rating of at least 95%:

$$\frac{\text{Total number of survey respondents indicating a rating of “4” or “5” on politeness CalculationCalculation}}{\text{Total number of responses to the politeness question}}$$

Data sourceData sourceData source

The Beneficiary Satisfaction survey results contained in the HCFA approved excel spreadsheet will provide both the percentage of respondents indicating approval and the number of completed surveys.

Data pointsData points3Data points

- Beneficiary Satisfaction -Number of Responses
- Beneficiary Satisfaction – Approval Rating

CSR Proficiency TestCSR Proficiency TestCSR Proficiency Test

A CSR Proficiency Test ensures that new CSRs possess the necessary knowledge to efficiently answer beneficiary questions and solve their problems, and that experienced CSRs maintain and improve upon their knowledge. This test is developed and administered by the individual call centers, and is to be given to all new CSRs prior to their handling of calls and to experienced CSRs on an as needed basis.

RequirementRequirementRequirement

Develop a proficiency test to be used for new CSRs and as needed for existing personnel. Target no less than an 80% first time pass rate for the proficiency test.

CalculationCalculationCalculation

$$\text{CSR Proficiency Pass} \quad \frac{\text{Number of CSRs that passed}}{\text{Number of CSRs that passed}}$$

$$\text{CSR Proficiency Rate} \quad \frac{\text{Number of CSRs that were rated}}{\text{Number of CSRs that were rated}}$$

Data sourceData sourceData source

The number of CSRs passed and rated can be provided by the individual in the call center responsible for proficiency test administration.

Data pointsData points3Data points

- CSR Proficiency Pass (Number of CSRs that passed)
- CSR Proficiency Rate (Number of CSRs that were rated)

IVR Handle Rate

Beneficiaries can be delivered to a call center=s Interactive Voice Response (IVR) system either through direct connection at the beginning of a call or through the beneficiary=s selection of the IVR option.

The IVR Handle Rate is the percentage of calls handled in the IVR divided by the total monthly calls delivered to the call center. For measurement purposes, calls handled in the IVR is defined as any call delivered to the IVR that is not subsequently transferred to a CSR.

Requirement

This measure is for monitoring and tracking purposes. A benchmark has yet to be established.

Calculation

$$\frac{\text{Calls Handled by IVR}}{\text{Calls Offered Call Center}}$$

Data source

The telephone system and IVR reports will provide the total monthly calls offered the call center as well as those handled by the IVR.

Data points

- Calls Offered Call Center
- Calls Handled by IVR (Total monthly calls delivered to the IVR that are not subsequently transferred to a CSR)

IVR Handle Rate Beneficiaries can be delivered to a call center=s Interactive Voice Response (IVR) system either through direct connection at the beginning of a call, through the beneficiary=s selection of the IVR option, or through a representative=s transfer of a call back to the IVR. The IVR can provide the caller with basic information and answers to frequently asked questions.The IVR Handle Rate is the number of calls delivered to the IVR in which the beneficiary receives the information they require from the system. For measurement purposes, this has been defined as any call delivered to the IVR.**Requirement**This measure is for monitoring and tracking

purposes. A benchmark has yet to be established.**Calculation**Total monthly calls delivered to the IVR and not transferred to a CSR**Total monthly calls delivered to the call center****Data source**IVR system reports will provide the total monthly calls delivered to the IVR calls and PBX will provide the total calls delivered to the call center.**Data points**Calls delivered to IVR Calls delivered to call center**IVR Handle Rate**Beneficiaries can be delivered to a call center=s Interactive Voice Response (IVR) system either through direct connection at the beginning of a call, through the beneficiary=s selection of the IVR option, or through a representative=s transfer of a call back to the IVR. The IVR can provide the caller with basic information and answers to frequently asked questions.The IVR Handle Rate is the number of calls delivered to the IVR in which the beneficiary receives the information they require from the system. For measurement purposes, this has been defined as any call delivered to the IVR.**Requirement**This measure is for monitoring and tracking purposes. A benchmark has yet to be established.**Calculation**Total monthly calls delivered to the IVR and not transferred to a CSR**Total monthly calls delivered to the call center****Data source**IVR system reports will provide the total monthly calls delivered to the IVR calls and PBX will provide the total calls delivered to the call center.**Data points**Calls delivered to IVR Calls delivered to call center

Attachment 2

CSP Reporting Requirements FY 2001
(Attachment to the CSP BPRs code 13004)

The purpose of this attachment is to give carriers, intermediaries, and regional home health intermediaries requirements in order to meet the FY 2001BPRs, specifically the CSP sections (Activity Code 13004). In addition, this attachment establishes standards for reporting information on customer service activities which allow Central Office (CO) and Regional Offices (ROs) to review the Annual Plans and Semi-Annual Reports. The goal of CO and the ROs continues to be the identification and sharing of best practices promptly to avoid duplicate efforts among contractors.

Contractors are to take the following actions:

SUBMISSION OF THE ANNUAL CUSTOMER SERVICE PLAN AND SEMI-ANNUAL REPORTS--After reviewing the CSPs that you submit with your Budget Requests, both your RO and CO expect to receive subsequent Semi-Annual Reports detailing the CSP activity.

Reports are due 30 days after the end of every semester during the fiscal year. The deadlines for the Semi-Annual Reports are:

First Semester – April 30, 2001
Second Semester – October 31, 2001.

The reports should be submitted electronically via e-mail only to your CO CSP contact. Hard copies of the reports should be mailed to both the RO and CO. When sending the Semi-Annual Reports to Glenn Keidel at the following address:

Health Care Financing Administration
CBS, CTOG, DCCSO,
C2- 26-20 7500 Security Boulevard
Baltimore, MD 21244-1850.

OTHER COMMUNICATION TOOLS
Send proposals for audio, print, or teleproduction material to the ROs for approval prior to production. Receive approval on the scripts before engaging in production of any audio visual material. **In addition, enter all upcoming beneficiary outreach events into the Beneficiary Outreach Calendar on a regular basis. The address for inputting information into the Beneficiary Outreach Calendar database is www.hcfa.fu.com/outreach.**

FORMAT & CONTENT--A standard format is required for the Semi-Annual Reports. Address each of the bullet points under the CSP sections of the BPRs. In addition, all outreach events during the semester should be reported upon in the attached Contractor Outreach Activities chart under each corresponding requirement/bullet point. If an event does not correspond with any of the established requirements, it must be reported using the Contractor Outreach Activities chart at the end of the report under "Other Outreach Events and Activities".

* Please note that these requirements have been eliminated: Medicare Publications Distribution (carrier and fiscal intermediary), Inquiry Analysis (carrier and fiscal intermediary), Medicare+Choice Outreach (carrier and fiscal intermediary), Internal Communications Improvements (carrier and fiscal intermediary), Training (carrier and fiscal intermediary), Participation in Events (carrier and fiscal intermediary), Cultural Competency (carrier and fiscal intermediary), Home Health Education (carrier and fiscal intermediary), and Community Coalitions (carrier).

CSP & SEMI-ANNUAL REPORTS STANDARD FORMAT

To facilitate the review process, carriers and intermediaries must follow a standard format based on each bullet point under the Required CSP Activities (Beneficiaries) section in the FY 2001 BPRs.
Contractors are to follow this procedure when preparing the Reports:

I. When developing the CSP reports, the standard software to be used is Microsoft Word for Windows.

II. Include a cover page containing at least the following information: contractor name, contractor number(s), a contact person with two back-ups and their addresses, telephone numbers, fax numbers and email addresses, whether they are a part A, B, A/B, RHHI or DMERC, RO they report to, area of service covered in the report, outreach and education mission/vision, number of beneficiary outreach and education staff, a highlight of any special accomplishment and or any

problem in meeting the requirements during the semester, and a brief description of how the CSP report is developed.

III. Use a table of contents and number the pages.

IV. Clearly identify each exhibit and make reference to it in the report.

V. On the BPRs, number each bullet point under the Intermediary CSP section starting with **I - 1**. **(I = Intermediary)**

VI. On the BPRs, number each bullet point under the Carrier CSP section starting with **C - 1**. (**C = Carrier)**

VII. When identifying the sections in the Reports, the following bullet titles should be used:

Medicare + Choice (M+C) Outreach (C - 1, I - 1)

- Use the Contractor Outreach Activities chart
- Publicity Efforts (Use the remarks column under the Contractor Outreach Activities chart when reporting this information)
- Report if Fraud and Abuse Prevention and Detection is covered in any of the outreach activities (Use the remarks column under the Contractor Outreach Activities chart when reporting this information)
- Lessons learned
- Best practices

Medicare Preventive Services (C - 2, I - 2)

- Use the Contractor Outreach Activities chart
- Publicity Efforts – as they relate to the preventive services efforts only (Use the remarks column under the provided Contractor Outreach Activities chart when reporting this information)
- Lessons learned
- Best practices

Communication with Senior Advocates, Counseling and Assistance Groups, and Aging Networks (C - 3, I - 3)

- Use the Contractor Outreach Activities chart
- Solicit feedback from the Senior Advocates and Aging Networks
- Significant Learning Experiences and Best Practices from the Network to Facilitate Better Service
- Identify Senior Advocates and Aging Networks new contacts

Special Population Outreach (C - 4, I - 4)

(e.g. Blind, Hearing Impaired, Disabled, Low Education/Literacy)

- All events should be reported in the Contractor Outreach Activities chart.
- Report if Fraud and Abuse Prevention and Detection is covered in any of the outreach activities (Use the remarks column under the Contractor Outreach Activities chart when reporting this information)
- Publicity efforts (Use the remarks column in the Contractor Outreach Activities chart when reporting this information)
- Lessons learned
- Best practices

Non-English Speaking Beneficiaries Outreach (C - 5, I - 5)

- All events should be reported in the Contractor Outreach Activities chart.
- Report if Fraud and Abuse Prevention and Detection is covered in any of the outreach activities (Use the remarks column under the Contractor Outreach Activities chart when reporting this information)
- Publicity efforts (Use the remarks column in the Contractor Outreach Activities chart when reporting this information)
- Lessons learned
- Best practices

Regional Home Health Intermediary (RHHI) Outreach (I - 6)

**Note to the fiscal intermediaries who are also RHHIs:

Clearly state in the reports the activities that were developed as RHHI and as intermediary. If you always combine the RHHI and the intermediary customer service activities, you must state this on the cover page of the report and under this requirement/bullet point.

Contractor Outreach Activities

Contractor Outreach Activities
Contractor Name:
Semester:

C.T.	Date	Site	T.E.	Topic	Partnerships	A.A.	Handouts	Remarks
	10/25/01	Lakeview Senior Center Wichita, Kansas	P	Preventive Benefits/ Mammography	American Cancer Society, St. George's Hospital	Jewish Women's Assso-ciation of Kansas/ 25	bookmark (BCBS Kansas created), HCFA brochure pub no. HCFA-10050 and Mammogra-phy fact sheet	mammography poster was displayed- (HCFA pub no. 34567), survey conducted Giveaways included pencils and self-examination chart
	11/13/01	Sacred Heart Hospital, Kansas City, Kansas	P	Flu immuniza-tions	Patuxent Medical Group	Seniors/ 37	Flu bookmarks, flu fact sheet	Flu poster was displayed- (HCFA pub no. 98653), survey conducted Giveaways included pencils and magnets
	Totals 2 dates	2 sites	2 Ps	3 Topics	3 groups	74 attendees	5 handouts	

Notes:

T.E.- Type of Event. The codes for these events are: E- Exhibit, F- Fair, P-Presentation, P/M Partnership Meeting, T-Training, M-Media.

A.A.- Audience/ Attendance.

Handouts- Specify whether these are HCFA or contractor-developed publications.

Attachment 3

FY 2001 MEDICAL REVIEW - SUPPORTING DOCUMENTATION FOR INTERMEDIARIES

In addition to your CAFMII budget request, HCFA is requesting supporting narrative to justify your FY 2001 budget request. Please provide the information requested below.

Name of Contractor and Contractor Number
Fiscal Year 2001 Budget Request
Narrative and Supporting Justification

To support your FY 2001 request, provide additional detail on the following:

Identify the Medical Review Point of Contact	Identify the Medical Review Point of Contact including name, title and e-mail address.
Explanation of Funding increases	Identify by BPR activity all funding increases over your FY 2000 base funding level. Include workload projections in your explanation.
Automated Prepayment Reviews	Describe your plan to increase the amount of automated medical review.
Routine Manual Reviews	Indicate the level of experience or specialized training for your staff that conducts these reviews. Describe how you will focus your routine manual reviews.
Complex Manual Reviews	Indicate the professional level of your staff that will conduct these reviews, LPNs, RNs, BSNs, or physicians.
Policy Development	Indicate if you will seek a RO exception to the CMD requirement. Explain why.
Law Enforcement Support	Describe the amount of law enforcement support you expect to be asked to perform in FY 2001

Attachment 4

FY 2001 MEDICAL REVIEW - SUPPORTING DOCUMENTATION FOR CARRIERS

In addition to your CAFMII budget request, HCFA is requesting supporting narrative to justify your FY 2001 budget request. Please provide the information requested below.

Name of Contractor and Contractor Number
Fiscal Year 2001 Budget Request
Narrative and Supporting Justification

To support your FY 2001 request, provide additional detail on the following:

Identify the Medical Review Point of Contact	Identify the Medical Review Point of Contact including name, title, and e-mail address.
Explanation of funding increases	Identify by BPR activity all funding increases over your FY 2000 base funding level. Include workload projections in your explanation.
Automated Prepayment Reviews	Describe your plan to increase the amount of automated medical review.
Routine Manual Reviews	Indicate the level of experience or specialized training for your staff that conducts these reviews. Describe how you will focus your routine manual reviews.
Complex Manual Reviews	Indicate the professional level of your staff that will conduct these reviews, LPNs, RNs, BSNs, or physicians.
Policy Development	Describe your level of effort in educating internal staff on LMRP and the medical review process. Describe in detail your efforts to collaborate on the development of LMRP.
Law Enforcement Support	Describe the amount of law enforcement support you expect to be asked to perform in FY 2001

Attachment 5

FY 2001 BENEFIT INTEGRITY (BI) SUPPORTING DOCUMENTATION
for INTERMEDIARIES

In addition to your CAFM II budget request, HCFA is requesting supporting narrative to justify your FY 2001 budget request. Please provide the information requested below.

Name of Contractor and Contractor Number
Fiscal Year 2001 Budget Request
Narrative and Supporting Justification

I. Staffing/Function Requirements

- Explain the unit cost in Activity Code 23002 (Complaint Development). What functions are charged to this Activity Code?

- What new strategies and functions will you add in FY 2001; what results do you anticipate; and what will be the cost for the functions and strategies?

- Provide new BI staffing requirements in FY 2001 and the functions the staff will perform.

- Explain any significant changes in your staffing mix or FTE level from FY 2000 to FY 2001.

  Note: The total number of FTEs requested in FY 2001 for this activity should equal the number of FTEs which are calculated from productive hours entered into CAFM II.

II. Subcontracts

- Provide the following information for each subcontractor exceeding $25,000 related to this line of your budget request (per the Medicare contract, this excludes arrangements you may have with medical consultants to review Medicare claims, health care utilization or related services):

  (1) the name of the subcontractor (please indicate if the subcontractor is another current Medicare contractor or a subsidiary of a Medicare contractor);
  (2) a list of the functions the subcontractor will provide;
  (3) the total cost you expect to incur during FY 2001, for this subcontract;
  (4) if available, the number of FTEs funded by this subcontract.

III. Other

- Include any additional budget narrative that supports your FY 2001 BI funding request.

Attachment 6

FY 2001 BENEFIT INTEGRITY (BI) SUPPORTING DOCUMENTATION
for CARRIERS (Including DMERCs)

In addition to your CAFM II budget request, HCFA is requesting supporting narrative to justify your FY 2001 budget request. Please provide the information requested below.

Name of Contractor and Contractor Number
Fiscal Year 2001 Budget Request
Narrative and Supporting Justification

I. Staffing/Function Requirements

- Explain the unit cost in Activity Code 23002 (Complaint Development). What functions are charged to this Activity Code?

- What new strategies and functions will you add in FY 2001; what results do you anticipate; and what will be the cost for the functions and strategies?

- Provide new BI staffing requirements in FY 2001 and the functions the staff will perform.

- Explain any significant changes in your staffing mix or FTE level from FY 2000 to FY 2001.

  Note: The total number of FTEs requested in FY 2001 for this activity should equal the number of FTEs which are calculated from productive hours entered into CAFM II.

II. Subcontracts

- Provide the following information for each subcontractor exceeding $25,000 related to this line of your budget request (per the Medicare contract, this excludes arrangements you may have with medical consultants to review Medicare claims, health care utilization or related services):

  (1) the name of the subcontractor (please indicate if the subcontractor is another current Medicare contractor or a subsidiary of a Medicare contractor;
  (2) a list of the functions the subcontractor will provide;
  (3) the total cost you expect to incur during FY 2001, for this subcontract;
  (4) if available, the number of FTEs funded by this subcontract.

III. Other

- Include any additional budget narrative that supports your FY 2001 BI funding request.

Attachment 7

LEAD CONTRACTORS, BY STATE, FOR MSP LIABILITY RECOVERIES

(Effective January 1, 2001)

NOTE: The list set forth below applies to cases where the MSP record is established through the Coordination of Benefits contractor process as specified in the Medicare Secondary Payer pre-pay BPRs for FY 2001. The list does **not** apply where HCFA has designated a specific intermediary or carrier as the lead contractor for recoveries for a particular class or group of cases. See the end of this document for a current list of such designations. The contractors referenced in the state by state listing below are all **intermediaries.** The fact that a particular contract may be referenced as "Blue Cross and Blue Shield of ____" rather than "Blue Cross of ____" should not be interpreted as a designation of a carrier contract as the lead contractor.

Lead Intermediaries

Note: For intermediaries with multiple sites and where one of the sites is the identified State, the lead contractor is the intermediary site with responsibility for processing claims for the identified State.

Alabama
Blue Cross and Blue Shield of Alabama

Alaska
Premera Blue Cross

American Samoa
Blue Cross of California

Arizona
Blue Cross and Blue Shield of Arizona

Arkansas
Mutual of Omaha

California
Blue Cross of California

Colorado
Mutual of Omaha Insurance Company

Connecticut
Empire Blue Cross and Blue Shield

Delaware
Empire Blue Cross and Blue Shield

District of Columbia
Care First of Maryland, Inc.

Florida
Blue Cross and Blue Shield of Florida, Inc.

Georgia
Blue Cross and Blue Shield of Georgia, Inc.

Guam
Blue Cross of California

Hawaii
Blue Cross of California

Idaho
Regence Blue Cross Blue Shield of Oregon

Illinois
Anthem Insurance Companies, Inc.

Indiana
Anthem Insurance Companies, Inc.

Iowa
Mutual of Omaha Insurance Company

Kansas
Mutual of Omaha Insurance Company

Kentucky
Anthem Insurance Companies, Inc.

Louisiana
Blue Cross and Blue Shield of Mississippi

Maine
Associated Hospital Service of Maine

Maryland
Care First of Maryland, Inc.

Massachusetts
Associated Hospital Service of Maine

Michigan
Blue Cross Blue Shield of Wisconsin

Minnesota
Noridian Mutual Insurance Company

Mississippi
Blue Cross and Blue Shield of Mississippi

Missouri
Mutual of Omaha Insurance Company

Montana
Blue Cross and Blue Shield of Montana, Inc.

Nebraska
Mutual of Omaha Insurance Company

Nevada
Mutual of Omaha Insurance Company

New Hampshire
New Hampshire-Vermont Health Service

New Jersey
Blue Cross Blue Shield of Tennessee

New Mexico
TrailBlazer Health Enterprises, LLC

New York
Empire Blue Cross and Blue Shield

North Carolina
Blue Cross and Blue Shield of North Carolina

North Dakota
Noridian Mutual Insurance Company

Northern Marianna Islands San Francisco
Blue Cross of California

Ohio
Anthem Insurance Companies, Inc.

Oklahoma
Group Health Service of Oklahoma, Inc.

Oregon
Regence Blue Cross Blue Shield of Oregon

Pennsylvania
Mutual of Omaha Insurance Company

Puerto Rico
Cooperative de Seguros de Vida de Puerto Rico

Rhode Island
Blue Cross and Blue Shield of Rhode Island

South Carolina
Blue Cross and Blue Shield of South Carolina

South Dakota
Mutual of Omaha Insurance Company

Tennessee
Blue Cross and Blue Shield of Tennessee

Texas
TrailBlazer Health Enterprises, LLC

U.S. Virgin Islands
Cooperative de Seguros de Vida de Puerto Rico

Utah
Blue Cross and Blue Shield of Utah

Vermont
New Hampshire-Vermont Health Service

Virginia
Blue Cross Blue Shield United of Wisconsin

Washington
Premera Blue Cross

West Virginia
Blue Cross Blue Shield United of Wisconsin

Wisconsin
Blue Cross and Blue Shield United of Wisconsin

Wyoming
Blue Cross and Blue Shield of Wyoming

HCFA Designated Lead Contractor for Specific Groups/Classes of MSP Recoveries

Gel implant recoveries:

Blue Cross and Blue Shield of Alabama and TrailBlazer Health Enterprises.

Alabama is responsible for all states in HCFA's NorthEastern and Midwest Consortia **and the State of Florida.**

Midwest Consortium: Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, Ohio, Wisconsin.

NorthEastern Consortium: Connecticut, Delaware, Maine,
Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, District of Columbia, Puerto Rico, and the Virgin Islands.

TrailBlazer is responsible for all states in HCFA's Southern and Western Consortia, **except for the State of Florida.**

Southern Consortium (except Florida): Alabama, Arkansas, Georgia, Kentucky, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, South Carolina, Texas, Tennessee

Western Consortium: Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming, and Guam (including territories).

Bone screw recoveries:

BC of California (originally the lead contractor for AcroMed settlement recoveries; now the lead for all bone screw recoveries).